

PATIENT'S NAME (Last, first, middle initials)			AGE	SEX	RACE	SOCIAL SECURITY NO.	CLAIM NO. C-	NAME OF FACILITY							
DIAGNOSES: (List in numerical order: first the primary diagnosis. The primary diagnosis is defined as that diagnosis, condition, or situation responsible for the major part of the patient's length of stay (DXLS). Then, in order of clinical importance, list other diagnoses which were treated during this episode of care, observed for possible medical intervention or known to have impacted the patient's length of stay. Prefix the DXLS with an alpha character "X." DO NOT INCLUDE DIAGNOSES ESTABLISHED ONLY BY AUTOPSY IN THIS SECTION. DO NOT ABBREVIATE DIAGNOSES.)								DIAGNOSTIC CODE							
PERTINENT CLINICAL DIAGNOSES NOTED BUT NOT TREATED AND WHICH DID NOT IMPACT UPON THIS EPISODE OF CARE (Include autopsy diagnoses not listed as clinical above):															
OPERATION/PROCEDURES PERFORMED DURING THIS EPISODE OF CARE:							DATE	OPERATION/PROCEDURES CODE							
SUMMARY (Brief statement should include, if applicable, history, pertinent physical findings, provisional diagnosis, course in hospital, treatment given; condition at release; date patient is capable of returning to full employment, period of convalescence, if required; recommendations for followup treatment including date of first VA outpatient visit, where applicable, medications furnished at release, any specific instructions given to the patient and /or family, including diet, physical activity limitations, competency opinion when required, rehabilitation potential; and, name of Nursing Home or other receiving facility, if known)															
ADMISSION DATE		DISCHARGE DATE		TYPE OF RELEASE		INPATIENT DAYS		ABSENCE DAYS		WARD NO.		SIGNATURE PHYSICIAN/ DENTIST		SIGNATURE OF APPROVING PHYSICIAN/DENTIST	